

RD-28,600 PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Johnson et al.

Art Unit: 2882

Serial No.: 09/973,560

Examiner: Thomas, Courtney D.

Filed: October 9, 2001

:

For:

VOICE ACTIVATED

DIAGNOSTIC IMAGING

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CERTIFICATE OF MAILING BY EXPRESS MAIL TO THE COMMISSIONER OF PATENTS AND TRADEMARKS

Express Mail mailing label number: **EV 339986242 US**

Date of Mailing: May 12, 2003

I certify that the documents listed below:

- Amendment Transmittal form (3 pgs.), in duplicate
- Amendment in response to Office Action dated February 11, 2003 (6 pgs.)
- Submission of Marked Up Claims (2 pgs.)
- Return Post Card

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to: Mail Stop: Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Robert B. Reeser, VI. Keg. No. 45,548 ARMSTRONG TRASDALE LLP One Metropolitan Square, Suite 2600 St. Louis, MO 63102-2740 (314) 621-5070 TECHNOLOGY CENTER 2800



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P.O. Box 1450

Alexandria, VA 22313-1450

TRANSMITTAL

Transmitted herewith is:

Amendment in response to Office Action dated February 11, 2003 (6 pgs.); Submission of Marked Up Claims (2 pgs.); Certificate of Express Mail (1 pg.); **Return Post Card**

STATUS

2. Applicant

Claims small entity status. is other than a small entity.

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

✓ deposited with the United States Postal Service with sufficient postage as "Express Mail Post Office to Addressee" in an envelope addressed to: Mail Stop: Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, Express Mail No. EV 339986242 US.

Date: May 12, 2003

FACSIMILE

Transmitted by facsimile to the Patent and

Trademark Office

EXTENSION OF TERM

			,							
3.	The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.13 apply.									
	ирріј.	(complete (a) or (b), as applicable)								
	(a) Applicant petitions for an extension of time under 37 C.F.R. 1.136 (Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below									
		Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)						
		First month	\$ 110.00	\$ 55.00						
		Second month	\$ 410.00	\$ 205.00						
		Third month	\$ 930.00	\$ 465.00						
		Fourth month	\$1,450.00	\$ 725.00						
		Fifth month	\$1,970.00	\$ 985.00						
			Fee:	\$						
If an additional extension of time is required, please consider this a petition therefor.										
(Check and complete the next item, if applicable)										
An extension of months has already been secured. The fee paid therefor \$ is deducted from the total fee due for the total months of extension now requested.										
Extension fee due with this request \$										
	OR									
	(b) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time									

FEE FOR CLAIMS

				ree	FUR CLA	AIMS					
4.	The fee f		ms (37 (C.F.R. 1.16(b	(Col. 3)	been calculated as s	shown	n below: OTHER THAN SMALL ENTITY			
	CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT • EXTRA	ADDITIONAL. RATE FEE	OR	ADDITIONAL RATE FEE			
TOTAL			MINUS		=	x \$9 = \$		x \$18 = \$			
INDEP.			MINUS		=	x \$42 = \$		x \$84 = \$			
_	_ FIRST PRESENTATION OF			MULTIPLE DEP. (CLAIM	+ \$140 = \$		+ \$280 = \$			
						TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$			
	(a)	<u> </u>	No add	itional fee fo	r claims is	required.					
					OR						
(b) Total additional fee for claims required \$\frac{1}{2}\$											
				FEI	E PAYMI	ENT					
5.	Attached is a check in the sum of \$										
	Charge Deposit Account No. 01-2384 the sum of <u>\$</u> A duplicate of this transmittal is attached.										
	FEE DEFICIENCY										
6.	If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.										
					AND/OR						
	If any additional fee for claims is required, charge Deposit Account No. 01-2384.										
7.	(Other: Robert B. Reeser, In. Reg. No. 45,548									
				ARMSTRONG TEASDANE LLP							
			One Metropolitan Square, Suite 2600 St. Louis, MO 63102-2740								
						.4) 621-5070	., ro				